

NEVADA NATIONAL GUARD EDUCATIONAL REIMBURSEMENT REQUEST

SEE REVERSE FOR INSTRUCTIONS

PART A - PERSONAL INFORMATION

Name:		SSN:
Mailing Address:		Unit:
Home Phone:	Work Phone:	Cell Phone:
Current Military Status: <input type="checkbox"/> AGR <input type="checkbox"/> Technician <input type="checkbox"/> Traditional		
Component:	<input type="checkbox"/> Army	<input type="checkbox"/> Air

PART B - EDUCATION INFORMATION

Degree(s) Held											
<input type="checkbox"/> None	<input type="checkbox"/> AA	<input type="checkbox"/> AS	<input type="checkbox"/> BA	<input type="checkbox"/> BS	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> MBA	<input type="checkbox"/> MPA			
Projected Grad Date:											
Degree(s) Sought											
<input type="checkbox"/> None	<input type="checkbox"/> AA	<input type="checkbox"/> AS	<input type="checkbox"/> BA	<input type="checkbox"/> BS	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> MBA	<input type="checkbox"/> MPA			
Enter Total Credits taken from each institution attended:											
<input type="checkbox"/> UNR	<input type="checkbox"/> TMCC	<input type="checkbox"/> GBC									
<input type="checkbox"/> UNLV	<input type="checkbox"/> CCSN	<input type="checkbox"/> WNCC									
Semester Completed											
<input type="checkbox"/> Correspondence	<input type="checkbox"/> 1 st Summer Session										
<input type="checkbox"/> Mini Session	<input type="checkbox"/> 2 nd Summer Session										
Academic Year Attending:											
Did you graduate this semester? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Degree received if any?						Credit Hours Paid: (Excluding Books & Special Fees)					

PART C - MEMBER CERTIFICATION

I certify that the above information is true and correct	
Members Signature:	Date:

PART D - COMMANDERS CERTIFICATION

I certify the above member is in good standing with the Nevada National Guard	
Commanders Printed Name:	
Commanders Signature:	Date:

PART E - EDUCATION OFFICE CERTIFICATION

DO NOT WRITE IN THIS AREA

(Education Office use only)

Credits @ \$ _____ PER CREDIT = \$ _____

Credits @ \$ _____ PER CREDIT = \$ _____

Verified by: _____ Total \$ _____ X _____ % = \$ _____

Application instructions

1. Fill out form completely. (*Un-answered blocks may be reason for denial of benefit*).
2. Member sign form.
3. Commander sign form.
4. Ensure you have included all required documentation.
5. Send form to below address. (*Ensure you adhere to the deadlines*)

All applications MUST include the following:

1. Original grade report or un-official transcript ("C" or better average per class)
2. Original fee receipt showing a zero balance
3. NVMD Form 37 completed and signed by the member and the commander
4. VENDOR REGISTRATION FORM

REIMBURSEMENT DEADLINES

Mini- Session & 1st Summer Session

(Needs to be in the State Education Office Carson City NLT)

1 August

2nd Summer Session or any course that starts in July

(Needs to be in the State Education Office Carson City NLT)

25 August

THERE IS NO GRACE PERIOD

Incomplete Applications or applications received after the indicated suspense date will not be considered

Applications must be mailed or hand carried to the following address:

**NEVADA MILITARY DEPT.
OFFICE OF THE ADJUTANT GENERAL
ATTEN: EDUCATION OFFICE
2460 FAIRVIEW DRIVE
CARSON CITY, NEVADA 89701
775-887-7326**